# CUSTOM ORTHOTIC / SHOE MODIFICATION ORDER FORM
## APIS FOOTWEAR

2239 Tyler Ave, S El Monte, CA 91733 Tel: (888)937-2747 Fax (888)990-2245

**P.O. No.:** _____
**Bill To:** _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____ Fax: _____
**Ship Via:** ☐ UPS 1 day / 2 day / 3 day / Ground
**Patient Name:** _____
**Sex:** ☐ Male ☐ Female
**Weight**: _____ **Height:** _____

**Contact:** _____
**Ship To:** _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____ Fax: _____
☐ US MAIL ☐ FEDEX 1 day / 2 day / Ground
**ORDER WITH SHOES** ☐ Yes ☐ No
Shoe Style (see catalog): _____ Color: _____
Shoe Size: Left: _____ Right: _____

## CUSTOM ORTHOTIC ORDER SECTION

### DIAGNOSIS

| | | | L | R |
|---|---|---|---|---|
| Diabetes | ☐ | | | |
| Neuropathy | ☐ | Hammer toes | ☐ | ☐ |
| | L R | Overlapped toes | ☐ | ☐ |
| Callus | ☐ ☐ | Amputated toes | ☐ | ☐ |
| Ulcers | ☐ ☐ | Metatarsalgia | ☐ | ☐ |
| Heel spur | ☐ ☐ | Plantar fascitis | ☐ | ☐ |
| Charcot | ☐ ☐ | Toe pain | ☐ | ☐ |

Right Left

Mark problem areas: O - ulcers
X - calluses/pain points

### INSERT SPECIFICATIONS

**Qty:** _____ (L) _____ (R)
**Material:** _____
**Choices:** Plastizote Spenco Leather
PPT EVA Crepe Cork
**Or tri-lam:** ☐ Plastizote + PPT + EVA
**Base density:** ☐ Soft ☐ Medium ☐ Hard
**Heel cup:** ☐ Flat ☐ Medium ☐ Deep

**Medial flange:** ☐ L ☐ R
**Lateral flange:** ☐ L ☐ R
**Arch pad:** ☐ L ☐ R
**Met Pad:** ☐ L ☐ R
**Toe fillers:** (L) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
(R) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
**Off-load marked areas:** ☐ L ☐ R

## SHOE MODIFICATION ORDER SECTION

| | L | R | | L | R |
|---|---|---|---|---|---|
| Fore foot rocker | ☐ | ☐ | Heavy duty sole | ☐ | ☐ |
| Mild rocker | ☐ | ☐ | 3/4 length steel shank | ☐ | ☐ |
| Heel-to-toe rocker | ☐ | ☐ | Full length steel shank | ☐ | ☐ |
| Sever rocker | ☐ | ☐ | Bevel heel | ☐ | ☐ |
| Double rocker | ☐ | ☐ | SACH heel | ☐ | ☐ |
| Rocker bar | ☐ | ☐ | Composite toe box | ☐ | ☐ |
| LOP rocker | ☐ | ☐ | Reinforce heel counter | ☐ | ☐ |

| | LEFT | RIGHT |
|---|---|---|
| Medial flare: | _____" | _____" |
| Lateral flare: | _____" | _____" |
| Medial wedge: | _____" | _____" |
| Lateral wedge: | _____" | _____" |
| Heel lift: | _____" | _____" |
| Heel-to-toe lift: | _____" | _____" |

**NOTES:**

_____

_____

*This form can be downloaded from http://www.bignwideshoes.com/customshoes.htm*